

Intervention: Nicotine replacement therapy for smoking cessation

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input checked="" type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input checked="" type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input checked="" type="checkbox"/> Other: State, regional, local tobacco control partners |

Background on the intervention:

Nicotine replacement therapy (NRT) is commercially available in the following forms: chewing gum, transdermal patch, nasal spray, inhaler, and sublingual tablets/lozenges.

Findings from the systematic reviews:

There is sufficient evidence that all of the commercially available forms of NRT are effective as part of a strategy to promote smoking cessation. They increase the odds of quitting approximately 1.5- to 2-fold regardless of setting.

The effectiveness of NRT appears to be largely independent of the intensity of additional support provided to the smoker. Provision of more intense levels of support, although beneficial in facilitating the likelihood of quitting, is not essential to the success of NRT.

References:

Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. *The Cochrane Database of Systematic Reviews* 2004, Issue 3. Art. No.: CD 000146. DOI: 10.1002/14651858.CD000146.pub2